

September 28, 2012

To:

**Executive Board** 

Subject:

**Board Payroll Process** 

#### Recommendation

Direct the Executive Director to implement a process whereby Foothill Transit board members are paid and reported to the Internal Revenue Service (IRS) as employees of the agency.

#### **Analysis**

The IRS has reviewed the employment status of council members and board members in various cities and has determined that these individuals are to be considered employees of the agency and should be paid as such.

Foothill Transit currently provides a stipend to its board members for their participation at required meetings. Board members currently receive a check each month and are paid as outside contractors through the agency's Accounts Payable. At the end of each tax year, board members receive a Form 1099 for income tax purposes. In order to facilitate the proposed change, Foothill Transit will need to establish a payroll process, which can be best accomplished by using an outside payroll processor at a cost of approximately \$100 per payroll. Other additional costs will include employer Social Security, State Unemployment Insurance and State Disability Insurance. These costs will vary based on the total dollar amount of payroll. A monthly payment procedure utilizing direct deposit is proposed as this will assure the most economical and timely payroll processing and eliminate possible lost payroll checks.

Foothill Transit will begin collecting the needed information (see forms attached) from each board member and establishing a payroll process with an outside contractor to implement a payroll process. It is estimated this process will require 30 to 60 days to complete.

### **Budget Impact**

The services of an outside payroll processor are estimated at approximately \$100 per payroll. Other additional costs will vary based on the total dollar amount of payroll and are estimated at approximately \$200 per payroll.

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Sincerely,

Richard Hasenchri Director of Finance

Doran J. Barnes
Executive Director

Attachments

## Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated lax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1992, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total lax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

	may c	we additional tax. If yo	ou have pension or a	annuity on that p	age.	e release it)	will be posted	
	Personal Allov	vances Works	heet (Keep fo	or your records.)				
Α	Enter "1" for yourself if no one else can claim yo	u as a dependent					A	
	• You are single and have only one job; or							
В	Enter "1" if: You are married, have only or	e job, and your s	oouse does not	work; or	} .		В	
	<ul> <li>Your wages from a second job</li> </ul>							
С	Enter "1" for your spouse. But, you may choose							
	than one job. (Entering "-0-" may help you avoid	having too little to	ax withheld.) .				С	
D	Enter number of dependents (other than your sp	ouse or yourself)	you will claim o	n your tax return .			D	
E	Enter "1" if you will file as head of household or	n your tax return (s	see conditions u	nder Head of hous	sehold above)		E	
F	Enter "1" if you have at least \$1,900 of child or	dependent care e	expenses for wh	nich you plan to cla	im a credit .	,	F	
	(Note. Do not include child support payments. S	ee Pub. 503, Chil	d and Depender	nt Care Expenses,	for details.)		20 1	
G	Child Tax Credit (including additional child tax of	redit). See Pub. 9	72, Child Tax C	redit, for more info	mation.			
	• If your total income will be less than \$61,000 (\$			ach eligible child; t	nen <b>less</b> "1" if	you have three to		
	seven eligible children or less "2" if you have eig	ht or more eligible	e children.					
	• If your total income will be between \$61,000 and \$8	4,000 (\$90,000 and	\$119,000 if marrie	ed), enter "1" for each	eligible child .		G	
Н	Add lines A through G and enter total here. (Note. Th	is may be different t	from the number	of exemptions you cl	aim on your tax	return.) ▶	Н	
	• If you plan to itemize or clair		ncome and wan	t to reduce your with	nholding, see th	e Deducti	ons	
	For accuracy, and Adjustments Workshee							
<ul> <li>If you are single and have more than one job or are married and you and your spouse both work and worksheets</li> <li>If you are single and have more than one job or are married and you and your spouse both work and earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet</li> </ul>						ork and to	he combine on page 2 t	
	that apply. avoid having too little tax withh						on page 1	
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4						orm W-4 b	elow.	
	Separate here and give Fo	rm W-4 to vour en	nplover. Keep th	ne top part for your	records			
	The second secon	TOTAL AND THE TAXABLE AND TAXA		Service of the servic		1		
Form	Employee's Withholding Allowance Certificate OMB No. 1545-0074						. 1545-0074	
	ment of the Treasury Whether you are entitled to o	laim a certain numb	er of allowances of	or exemption from wit	hholding is	200	12	
Interna	Revenue Service subject to review by the IRS. Your first name and middle initial		e required to send	d a copy of this form t				
1	Your first name and middle initial Last r	ame			2 Your socia	i security n	umber	
	Home address (number and street or rural route)	W 40 40 40 40 40 40 40 40 40 40 40 40 40						
	Home address (namber and street of foral foate)		3 Single Married Married, but withhold at higher Single rate.					
	City or town, state, and ZIP code		<del> </del>	ut legally separated, or spo				
	only of town, state, and zir code			ame differs from that			* 100 DOS	
check here. You must call 1-800-772-1213 for a							card.	
Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)								
6								
1	<ul> <li>7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.</li> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul>							
	If you meet both conditions, write "Exempt" he					102350	F-1/80-9001-10-13	
Linde	er penalties of perjury, I declare that I have examined					orrect and	complete	
		and doranicate and	, 10 110 0001 01 11	.,owicage and bi	5 16 16 16 16 16 16	on oot, and	a complete.	
	loyee's signature form is not valid unless you sign it.) ▶				Date ▶			
8	Employer's name and address (Employer: Complete line	s 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer i	dentification	number (EIN)	
-	, , ,	,,	3				2	

									, ago =
					djustments Works		2		
Note	. Use this work	ksheet <i>only</i> if	you plan to itemize d	eductions or	claim certain credits or	adjustments	to income.		
1	1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and						ome and		
	miscellaneous deductions						1 \$		
2								2 \$	
3	Subtract line	2 from line 1	. If zero or less, enter	"-0-"				3 \$	
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)				ub. 505)	4 \$			
5	5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to								
	Withholding Allowances for 2012 Form W-4 worksheet in Pub. 505.)							5 \$	
6	Enter an estir	mate of your 2	2012 nonwage incom	e (such as div	vidends or interest) .			6 \$	
7			. If zero or less, enter					7 \$	
8					ere. Drop any fraction			8	
9					t, line H, page 1			9 —	
10					the Two-Earners/Mul				
					d enter this total on Fo			10	
			Parameter in the second						
	-	Гwo-Earne	rs/Multiple Jobs	Worksheet	: (See Two earners o	or multiple i	obs on pa	ge 1.)	
Note			the instructions unde				5.55 St. pt.	90,	
1					ed the <b>Deductions and A</b>	diustments Wo	orksheet)	1	
2					ST paying job and en				
	you are marri	ed filing jointl	y and wages from the	e highest pay	ing job are \$65,000 or	less, do not e	nter more		
	than "3" .							2	
3	If line 1 is m	ore than or	equal to line 2, subt	ract line 2 fro	om line 1. Enter the re	sult here (if z	ero, enter		
					of this worksheet			3	
Note					age 1. Complete lines				ional
			sary to avoid a year-		G			o trio again	101141
4	Enter the nun	nber from line	2 of this worksheet			4			
5	Enter the nun	nber from line	1 of this worksheet			5			
6	Subtract line	5 from line 4						6	
7									
8									
9	SERVICE ON THE SERVICE OF THE SERVIC								
	every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4,								
line 6, page 1. This is the additional amount to be withheld from each paycheck									
	Table 1 Table 2								
Married Filing Jointly All Others					Married Filing Jointly All Others				's
If wages from LOWEST paying job are—		Enter on line 2 above	If wages from LOWEST paying job are –	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from		Enter on line 7 above
S	0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 -	- \$35,000	\$570
5,001 - 12,000		1	8,001 - 15,000	1	70,001 - 125,000	950	35,001	- 90,000	950
12,001 - 22,000 22,001 - 25,000		2 3	15,001 - 25,000 25,001 - 30,000	2	125,001 - 190,000 190,001 - 340,000	1,060 1,250		- 170,000 - 375,000	1,060 1,250
25,001 - 30,000		4	30,001 - 40,000	4	340,001 and over	1,330	375,001		1,330
30,001 - 40,000 40,001 - 48,000		5 6	40,001 - 50,000 50,001 - 65,000	5 6					
	11 - 55,000	7	65,001 - 80,000	7					
	1 - 65,000	8	80,001 - 95,000	8					
	01 - 72,000 01 - 85,000	9	95,001 - 120,000 120,001 and over	9 10					
85,001 - 97,000		11	- 12 - 12 - 13						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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110,001 - 120,000 120,001 - 135,000

135,001 and over

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verific	ation (To be comp	leted and signe	d by employee	at the time employment begins.)		
Print Name   Last	First	Middle Initial   Maiden Name				
Address (Street Name and Number)		A	pt #	Date of Birth (month/day/year)		
City State	e	Z	ip Code	Social Security #		
I am aware that federal law provides for imprisonment and/or fines for false statemen use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following)  A citizen of the United States  A noncitizen national of the United States (see instructions)  A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)				
Employee's Signature		Date (month/day/		ole - month/day/year)		
Preparer and/or Translator Certification (To a penalty of perjury, that I have assisted in the completion of t	be completed and signe this form and that to th	ed if Section 1 is pre e best of my knowle	pared by a person dge the information	other than the employee.) I attest, under n is true and correct.		
Preparer's/Translator's Signature		Print Name				
Address (Street Name and Number, City, State, Zi	p Code)		Date (month/day/year)			
Section 2. Employer Review and Verification examine one document from List B and one from expiration date, if any, of the document(s).)  List A O	ı List C, as listed o	and signed by eon the reverse o	employer. Exam f this form, and AND	ine one document from List A OR record the title, number, and  List C		
Document title:		Alst D	AND	List C		
Issuing authority:	,					
Document #						
Expiration Date (if any):	<u> </u>					
Document #						
Expiration Date (if any):						
employment agencies may omit the date the emplo	and to relate to the best of my knowled yee began employn	e employee name lge the employee	ed, that the emp.	ed by the above-named employee, that loyee began employment on o work in the United States. (State		
Signature of Employer or Authorized Representative	Print Name			Title		
Business or Organization Name and Address (Street Name of	and Number, City, State	State. Ztp Code)		Date (month/day/year)		
Section 3. Updating and Reverification (To be	e completed and si	gned by employ	er.)			
A New Name (if applicable)				nite (month/day/year) (if applicable)		
C If employee's previous grant of work authorization has ex	spired, provide the info	rmation below for	he document that e	stablishes current employment authorization		
Document Title	Docume			Expiration Date (if any)		
l attest, under penalty of perjury, that to the best of my k document(s), the document(s) I have examined appear to				ted States, and if the employee presented		
Signature of Employer or Authorized Representative			3.1.2	Date (month/day/year)		



# DIRECT DEPOSIT FORM

Name of Employee	Date of Request
Address of Employee	**************************************
City, State & Zip	Home Telephone Number
Name on the account	<del></del>
Name of Your Bank	
Bank Address	
Bank Branch	Branch Phone Number
Account Number	Bank Routing Number
Checking Account	\$
Saving Account	\$
Other	\$
Signature of Employee	

If your deposit is for your checking account, please attach a voided check. If your deposit is for your saving account, please attach a deposit slip.